

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTHState File No. 174a
Registered No. 441

1. PLACE OF BIRTH

County Gila State ARIZONA
Township District or Village
City MIAMI No. Inspiracion St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Guillermo Sanchez { If child is not yet named, make supplemental report, as directed3. Sex male If plural births _____ 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth May 24 1920
5. Number, in order of birth _____ Full term _____ mate? _____ (Month, day, year)9. Full name FATHER Guillermo Sanchez18. Full maiden name MOTHER Carlota Guerrero10. Residence (usual place of abode) (If nonresident, give place and State) MIAMI, ARIZONA19. Residence (usual place of abode) (If nonresident, give place and State) MIAMI, ARIZONA11. Color or race Mexican 12. Age at last birthday 25 (Years)20. Color or race Mexican 21. Age at last birthday 29 (Years)13. Birthplace (city or place) MIAMI, ARIZONA
(State or country) Mexico22. Birthplace (city or place) Mexico
(State or country)14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common labor23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Copper mine & mill

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. Number of children of this mother At time of this birth and including this child (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

If stillborn, period of gestation _____ months _____ or weeks 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 3 a.m. on the date above stated

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

en name added from supplemental report.

729-4211-316 (Date of) June 6, 1931(Signed) Guillermo Sanchez FATHER, MidwifeAddress MIAMI, ARIZONA
Filed June 6, 1931 R. E. Brown Registrar.